Kentucky Newborn Screening Program
Department for Public Health
Fax: 502-564-1510

CRITICAL CONGENITAL HEART DISEASE (CCHD) SCREENING DATA COLLECTION FORM

MR#:

PATIENT NAME:

SUBMITTING HOSPITAL:

BIRTHING HOSPITAL:

DATE OF BIRTH:

TIME OF BIRTH:

DATE OF SCREENING:

AGE AT SCREENING:

GESTATIONAL AGE AT BIRTH: weeks

MOTHER'S NAME:

Initial Screening: (*should be performed when eligible newborn is > 24 hours of age OR morning of discharge*)

Date of Screeing: Time Performed: ☐ **Pass** ☐ **Fail** ☐ **N/A**

Pulse Ox Saturation of **Right Hand (RH):** %

Pulse Ox Saturation of **Foot :** %

Difference in Oxygen Saturation (**RH** AND **Foot)** : %

Second Screening (If indicated):

Perform 1 hour after the initial screening if baby fails initial screening. Follow-up screens & assessments must be performed by a Nurse.

Date of Screening: Time Performed: ☐ **Pass** ☐ **Fail** ☐ **N/A**

Pulse Ox Saturation of **Right Hand (RH):** %

Pulse Ox Saturation of **Foot :** %

Difference in Oxygen Saturation (**RH** AND **Foot**): %

Third Screening (If indicated):

Perform 1 hour after the second screening if baby fails first and second screening. Follow-up screens & assessments *must be performed by a Nurse.*

Date of Screening: Time Performed: ☐ **Pass** ☐ **Fail** ☐ **N/A**

Pulse Ox Saturation of **Right Hand (RH):** %

Pulse Ox Saturation of **Foot :** %

Difference in Oxygen Saturation (**RH** AND **Foot**) : %

FINAL PULSE OX SCREENING RESULTS:

☐ **PASS** ☐ *** FAIL** ☐ **SCREEN N/A**

PULSE OX SCREEN NOT PERFORMED DUE TO:

TRANSFERRED TO:

ECHO PERFORMED: ☐ **YES** ☐ **NO** **ECHO DATE:** **ECHO TIME:**

ECHO NOT PERFORMED REASON:

ECHO FINDINGS FOR CCHD: ☐ **PASS** ☐ **FAIL** **ECHO RESULT:**

CARDIOLOGIST FULL NAME:

SCREENING AND FOLLOW-UP: *DO NOT SCREEN INFANTS WHILE ON OXYGEN.*

*** IF PULSE OX SCREENING RESULTS OR ECHO FINDINGS "FAIL": PLEASE FAX THIS FORM *IMMEDIATELY* UPON COMPLETION TO (502) 564-1510.**

*If you have any questions, please contact the KY Newborn Screening Program at (**502) 564-3756 ext 4367**.*

Revised: 04/10/2014